

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Eric Swedlund			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Washington DC Office		
POSITION Deputy Director		CB/ID NUMBER	DIVISION OR BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS 444 North Capitol Street, NW #134			HEADQUARTERS ADDRESS				TELEPHONE NUMBER	
CITY Washington	STATE DC	ZIP 20001	CITY		STATE	ZIP		

MONTH/YEAR Oct-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
15-Oct		Washington, DC								22.00		0.00	22.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
												0.00	0.00
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												0.00	0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$22.00	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)  
 travel to and from meetings for the month of October

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240786

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 2 Nov 2009	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11-2-09
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES			DATE 11/23/09